

Boat Parking Application

Boat Owners Name (Block Letters) _____

Address (Block Letters) _____

Phone Numbers: Home: _____

Work: _____

Mobile: _____

Email Address: _____

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Class of Boat: _____ Sail No: _____ Hull No: _____

Junior Sailing Crew Names : _____

Adult Sailing Crew Names: _____

Details of Boat Insurance Policy

Insurance company: _____

Policy Number: _____

The boat owner named in this application shall have third party insurance cover of not less than €3,000,000 for each and any accident while involved in sailing activities at Killaloe Sailing Club.

Boat owners/competitors who sign this boat parking application are deemed to have made a declaration that they hold such cover. Owners/competitors not holding this cover will not be granted parking facilities at the Club.

Signed by Boat Owner: _____ Date: _____

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for Committee use only

Date Received: _____ Boat Sticker Number: _____ Fee Paid: _____